

# Health Insurance Program Monthly Report



Prepared for:

Kentucky Group Health Insurance  
Board Members

June 2020

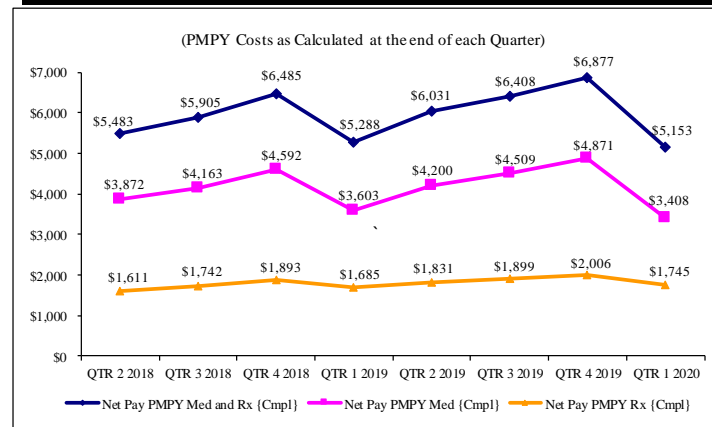
# DASHBOARD REPORT: BASED ON INCURRED CLAIMS THROUGH JANUARY 2020

Includes Projections for Incurred, but Not Yet Reported (IBNR)

## Enrollment

Fact	Feb 2018 - Jan 2019	Feb 2019 - Jan 2020	% Change
Employees Avg Med	144,451	143,154	-0.90%
Members Avg Med	263,149	263,840	0.26%
Family Size Avg	1.8	1.8	1.17%
Member Age Avg	36.8	36.7	-0.37%

## Net Incurred Claims Cost per Member



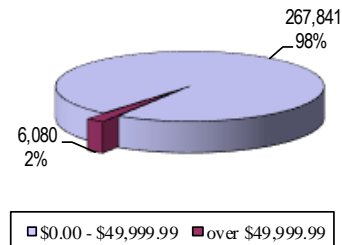
## Allowed Claims Costs PMPY with Norms

	Feb 2018 - Jan 2019	Feb 2019 - Jan 2020	% Change	Recent US Norm	Comp to Norm
Allow Amt PMPY Med {Cmpl}	\$4,863.69	\$5,156.24	6%	\$5,243.50	-1.69%
Allow Amt PMPY IP Acute {Cmpl}	\$1,343.27	\$1,409.96	5%	N/A	N/A
Allow Amt PMPY OP Med {Cmpl}	\$3,507.95	\$3,731.93	6%	\$3,741.52	-0.26%
Allow Amt PMPY OP Fac Med {Cmpl}	\$1,948.17	\$2,093.72	7%	N/A	N/A
Allow Amt PMPY Office Med {Cmpl}	\$1,015.31	\$1,061.11	5%	N/A	N/A
Allow Amt PMPY OP Lab {Cmpl}	\$224.87	\$240.32	7%	N/A	N/A
Allow Amt PMPY OP Rad {Cmpl}	\$482.51	\$501.25	4%	N/A	N/A
Out of Pocket PMPY Med {Cmpl}	\$819.22	\$840.91	3%	\$803.79	4.41%
Allow Amt PMPY Rx {Cmpl}	\$1,904.57	\$2,081.87	9%	\$1,475.28	29.14%
Out of Pocket PMPY Rx {Cmpl}	\$214.78	\$212.64	-1%	\$0.00	N/A

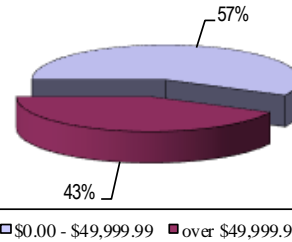
## High Cost Claimants

Feb 19—Jan 20

### % of High Cost Patients



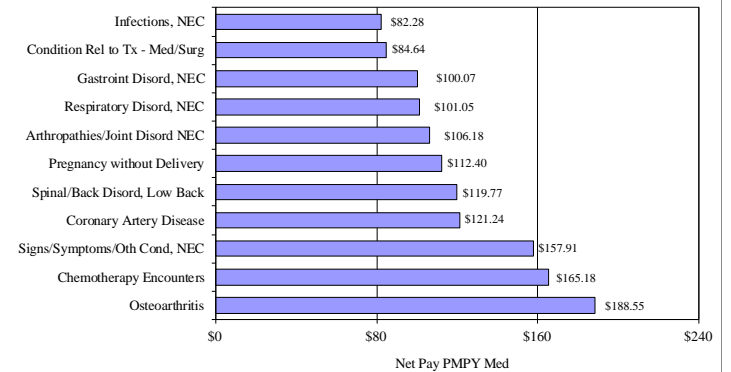
### % of Total Net Payments (Med and Rx)



## Prescription Drug Programs

	Fact	Feb 2018 - Jan 2019	Feb 2019 - Jan 2020	% Change
Mail Order	Discount Off AWP % Rx	55.68%	55.29%	-0.70%
	Scripts Generic Efficiency Rx	97.48%	98.28%	0.83%
Retail	Discount Off AWP % Rx	48.86%	46.62%	-4.57%
	Scripts Generic Efficiency Rx	96.77%	98.57%	1.85%
Total	Discount Off AWP % Rx	51.27%	50.01%	-2.46%
	Scripts Generic Efficiency Rx	96.89%	98.51%	1.67%
	Scripts Maint Rx % Mail Order	21.20%	26.48%	24.88%

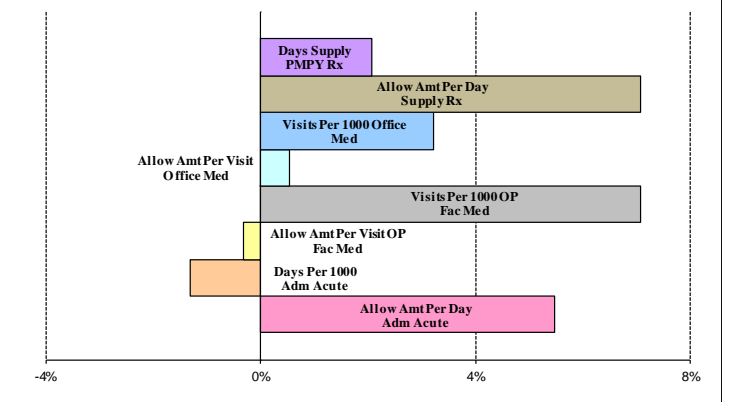
## Top 10 Clinical Conditions



## Cost Drivers Support

Fact	Feb 2018 - Jan 2019	Feb 2019 - Jan 2020	% Change
Allow Amt Per Day Adm Acute	\$4,889.19	\$5,156.48	5.47%
Days Per 1000 Adm Acute	273.88	270.26	-1.32%
Allow Amt Per Visit OP Fac Med	\$1,519.76	\$1,514.76	-0.33%
Visits Per 1000 OP Fac Med	1,281.83	1,372.67	7.09%
Allow Amt Per Visit Office Med	\$123.75	\$124.42	0.54%
Visits Per 1000 Office Med	8,203.50	8,467.81	3.22%
Allow Amt Per Day Supply Rx	\$3.22	\$3.45	7.07%
Days Supply PMPY Rx	591.33	603.55	2.07%

## Cost Drivers—Utilization and Price Trends



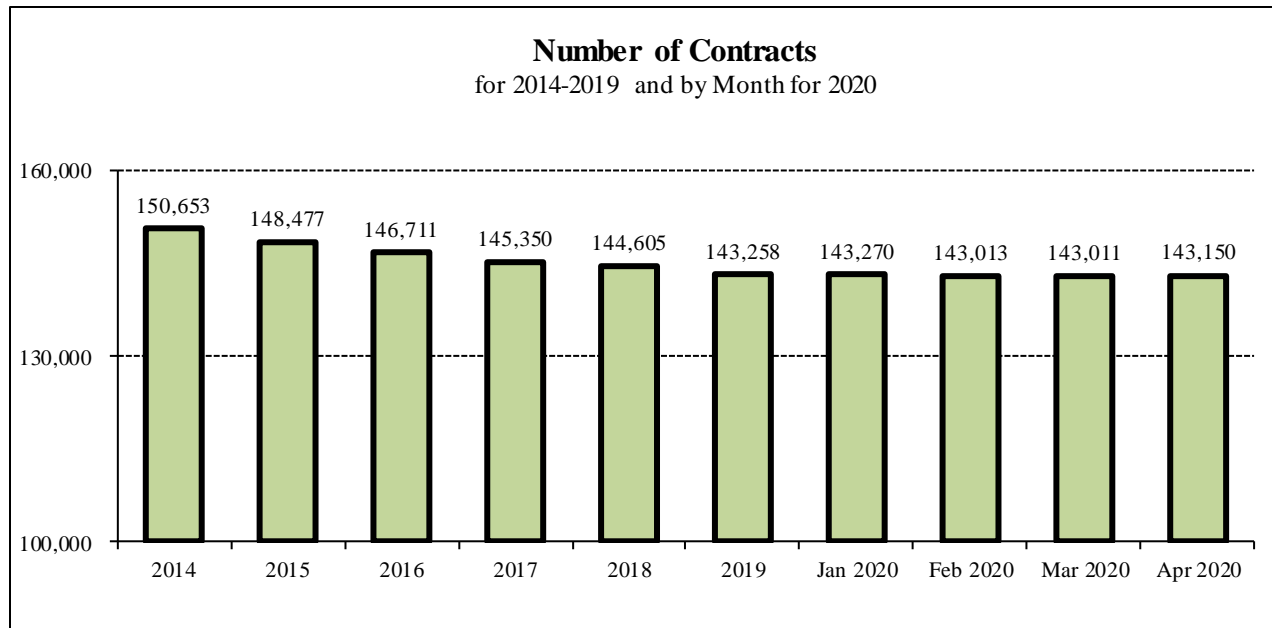
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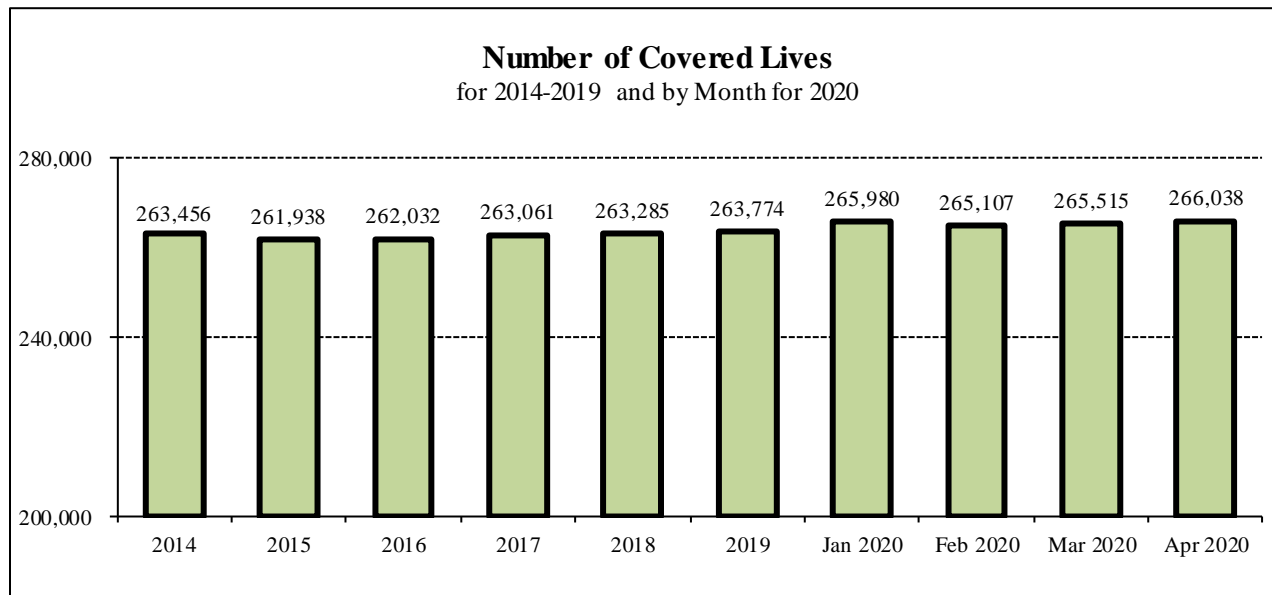
*Paid data as of: April 2020*  
*Incurred data as of: January 2020*

## Enrollment

The following chart shows planholder enrollment (contracts) for 2014-2019 and monthly year-to-date for 2020. Enrollment will fluctuate on a monthly basis. (Approximately 7,100 Cross-Reference spouses in any given month are not included.)

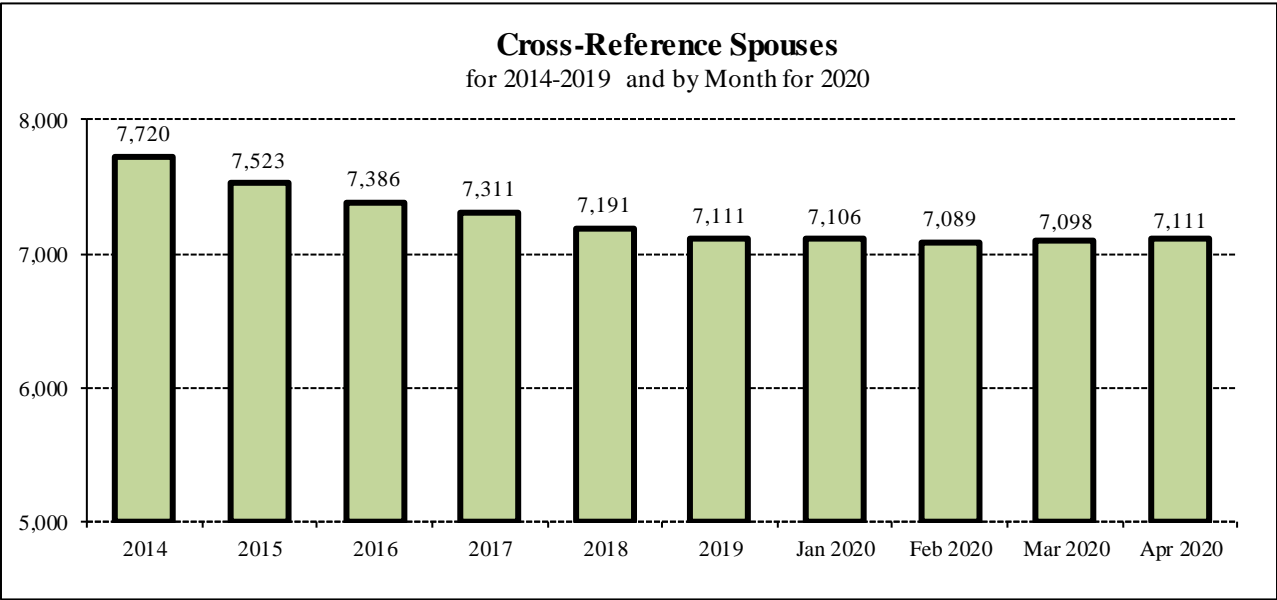


The following chart shows member enrollment (covered lives) for 2014-2019 and monthly year-to-date for 2020. Enrollment will fluctuate on a monthly basis.



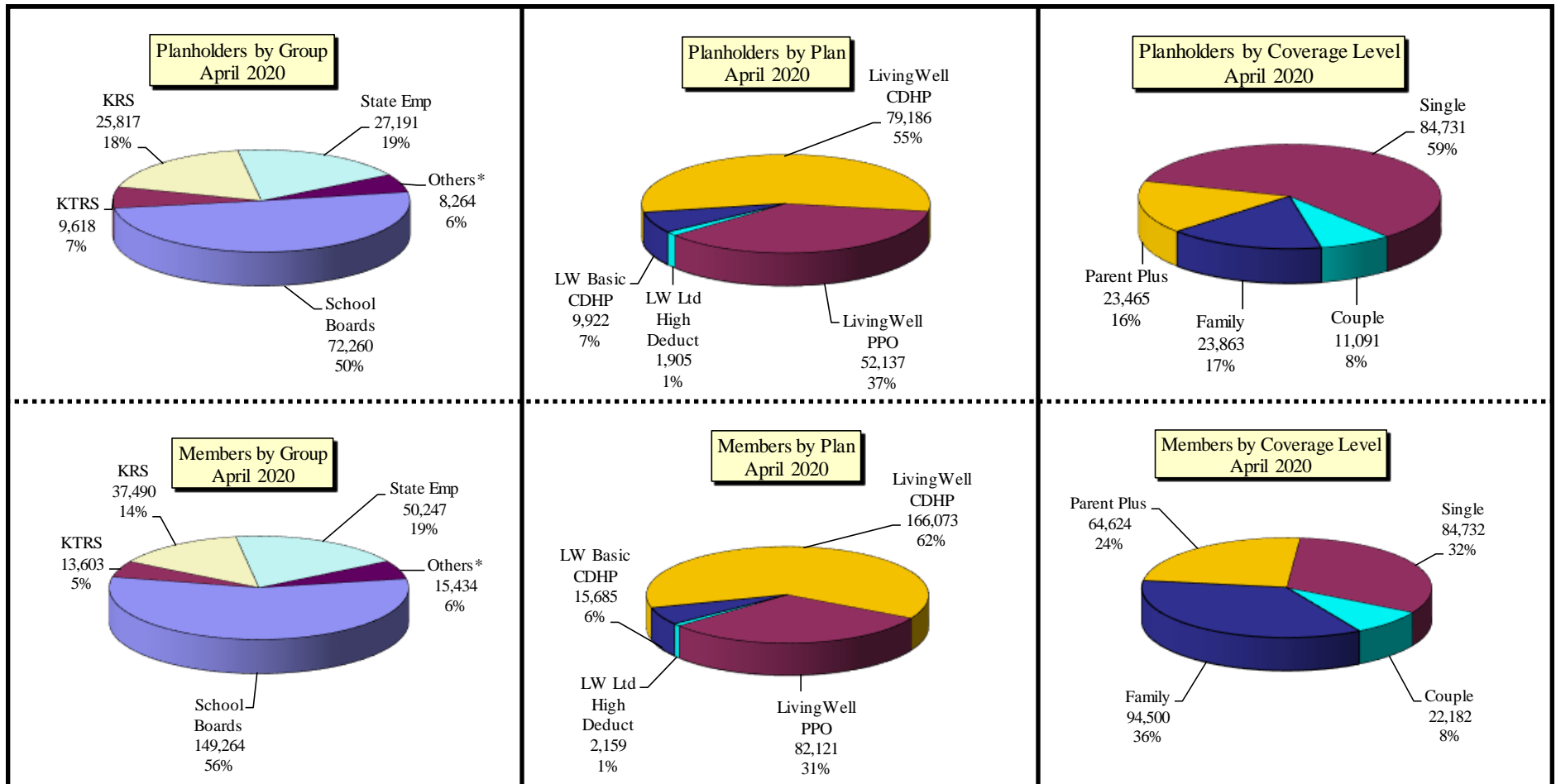
**Enrollment** *(continued)*

The following graph shows the number of Cross-Reference Spouses for 2014-2019 and monthly year-to-date for 2020. The number of Cross-Reference Spouses will fluctuate on a monthly basis.



## **Enrollment** *(continued)*

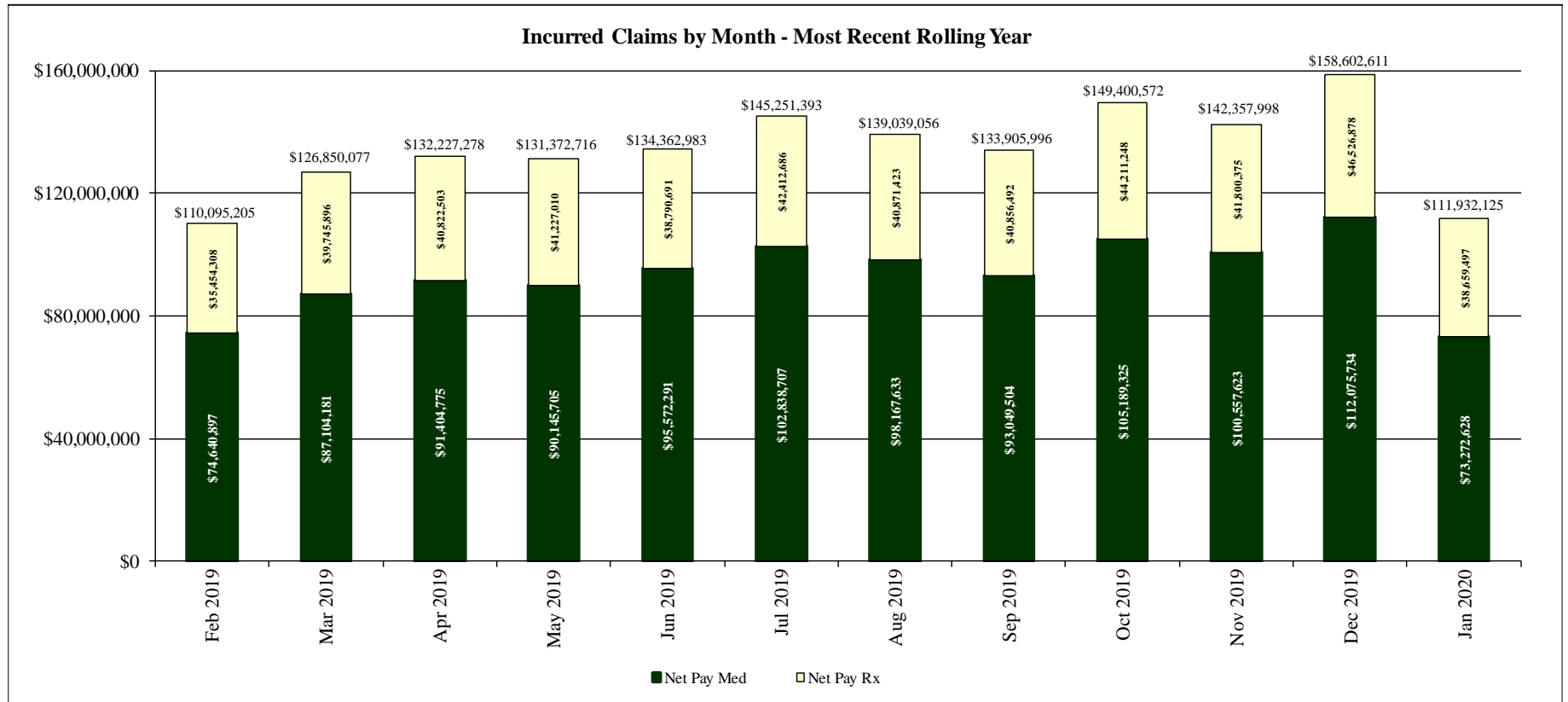
The following charts show Planholder and Member enrollment by Group, Health Plan, and Coverage Level.



\* Others include Cobra, Health Departments, KCTCS, Quasi/Local Governments, or Missing (unable to determine group).

## Claims Costs

Claims costs include Incurred Medical and Pharmacy (Rx) Claims Cost for the most recent rolling year.



### **Claims Costs** *(continued)*

The following table represents Incurred Medical Claims by Group for 2014-2019 and monthly year-to-date for 2020.

<b>INCURRED MEDICAL CLAIMS BY GROUP</b>						
<b>Time Period</b>	<b>School Boards</b>	<b>KTRS</b>	<b>KRS</b>	<b>State Employees</b>	<b>Others*</b>	<b>Totals</b>
2014	\$465,112,511	\$121,029,097	\$216,483,334	\$202,992,249	\$80,366,825	\$1,085,984,016
2015	\$406,274,265	\$100,740,841	\$189,171,718	\$159,515,036	\$62,699,633	\$918,401,495
2016	\$435,740,756	\$101,146,437	\$194,916,035	\$172,375,342	\$59,493,914	\$963,672,484
2017	\$455,191,695	\$95,513,039	\$197,611,708	\$177,397,741	\$61,172,947	\$986,887,130
2018	\$482,744,874	\$99,767,857	\$212,449,846	\$186,420,044	\$65,002,278	\$1,046,384,899
2019	\$531,298,395	\$103,569,642	\$223,849,786	\$198,605,853	\$70,680,403	\$1,128,004,079
Jan 2020	\$34,989,618	\$6,472,529	\$15,375,584	\$12,276,836	\$4,158,060	\$73,272,628

*\* Others include COBRA, Health Departments, KCTCS, Quasi/Local Governments, or Missing (unable to determine group).*



### **Claims Costs** *(continued)*

The following table represents Incurred Pharmacy Claims by Group for 2014-2019 and monthly year-to-date for 2020.

<b>INCURRED RX CLAIMS BY GROUP</b>						
<b>Time Period</b>	<b>School Boards</b>	<b>KTRS</b>	<b>KRS</b>	<b>State Employees</b>	<b>Others*</b>	<b>Totals</b>
2014	\$131,098,426	\$43,053,078	\$73,830,755	\$55,751,835	\$20,884,223	\$324,618,317
2015	\$128,985,096	\$42,244,335	\$74,179,491	\$56,345,078	\$21,644,747	\$323,398,746
2016	\$150,206,049	\$44,006,471	\$82,345,637	\$62,097,368	\$23,887,655	\$362,543,182
2017	\$169,448,080	\$46,569,409	\$89,294,930	\$68,690,782	\$25,682,152	\$399,685,354
2018	\$188,843,743	\$48,502,107	\$98,906,354	\$74,042,956	\$28,072,941	\$438,368,100
2019	\$213,173,482	\$50,400,535	\$110,138,280	\$83,643,369	\$31,883,737	\$489,239,404
Jan 2020	\$16,304,425	\$3,812,655	\$8,974,863	\$6,825,607	\$2,741,946	\$38,659,497

*\* Others include COBRA, Health Departments, KCTCS, Quasi/Local Governments, or Missing (unable to determine group).*

**Claims Costs** *(continued)*

The following table represents Incurred Medical Claims by Health Plan for 2014-2019 and monthly year-to-date for 2020.

<b>INCURRED MEDICAL CLAIMS BY PLAN</b>								
<b>Time Period</b>	<b>Standard PPO</b>	<b>Standard CDHP</b>	<b>LivingWell PPO</b>	<b>LivingWell CDHP</b>	<b>LivingWell Basic CDHP</b>	<b>LW Limited High Deductible</b>	<b>Missing*</b>	<b>Total</b>
2014	\$57,385,008	\$46,095,825	\$598,724,084	\$375,470,631	\$0	\$0	\$8,215,648	\$1,085,986,030
2015	\$44,667,793	\$42,933,513	\$448,976,661	\$376,288,350	\$0	\$0	\$8,215,648	\$921,081,965
2016	\$53,523,467	\$48,589,204	\$446,510,072	\$408,115,361	\$0	\$0	\$6,842,661	\$963,580,765
2017	\$66,938,779	\$30,774,775	\$411,835,314	\$472,036,290	\$11,960	\$0	\$5,290,012	\$986,887,130
2018	\$85,616,079	\$26,927,018	\$407,191,304	\$522,175,292	\$220,394	\$25,858	\$4,228,955	\$1,046,384,899
2019	\$8,176	\$1,393	\$442,635,959	\$637,825,945	\$29,746,591	\$13,486,338	\$4,299,677	\$1,128,004,079
Jan 2020	\$0	\$0	\$29,432,630	\$41,737,431	\$1,458,635	\$540,527	\$103,405	\$73,272,628

\* Missing means the claims could not be tagged to a specific Health Plan.

**Claims Costs** *(continued)*

The following table represents Incurred Pharmacy Claims by Health Plan for 2014-2019 and monthly year-to-date for 2020.

<b>INCURRED RX CLAIMS BY PLAN</b>								
<b>Time Period</b>	<b>Standard PPO</b>	<b>Standard CDHP</b>	<b>LivingWell PPO</b>	<b>LivingWell CDHP</b>	<b>LivingWell Basic CDHP</b>	<b>LW Limited High Deductible</b>	<b>Missing**</b>	<b>Total</b>
2014	\$17,730,754	\$5,829,739	\$217,764,345	\$82,940,511	\$0	\$0	\$352,968	\$324,618,317
2015	\$16,014,926	\$6,904,578	\$201,586,203	\$98,816,804	\$0	\$0	\$76,235	\$323,398,746
2016	\$19,014,651	\$7,491,440	\$216,158,709	\$119,656,922	\$0	\$0	\$210,122	\$362,531,844
2017	\$22,801,969	\$4,760,588	\$217,240,015	\$154,801,085	\$0	\$5	\$81,691	\$399,685,354
2018	\$32,793,543	\$5,127,804	\$220,289,337	\$180,101,441	\$0	\$0	\$55,976	\$438,368,100
2019	\$36,700	\$333	\$249,448,294	\$230,842,887	\$5,570,538	\$3,073,524	\$267,128	\$489,239,404
Jan 2020	\$0	\$0	\$21,813,248	\$16,262,238	\$435,275	\$140,428	\$8,307	\$38,659,497

*\*\*Missing means the claims could not be tagged to a specific Health Plan.*

**Claims Costs** *(continued)*

The following represents Incurred Medical Claims by Coverage Level for 2014-2019 and monthly year-to-date for 2020.

INCURRED MEDICAL CLAIMS BY COVERAGE LEVEL						
Time Period	Couple	Family	Parent Plus	Single	Unknown*	Total
2014	\$131,271,014	\$239,094,807	\$182,552,523	\$524,850,024	\$8,215,648	\$1,085,984,016
2015	\$113,343,648	\$214,227,846	\$156,724,117	\$428,570,705	\$5,535,178	\$918,401,495
2016	\$115,908,780	\$234,298,626	\$158,406,884	\$450,029,689	\$5,028,505	\$963,672,484
2017	\$125,249,301	\$253,489,908	\$160,158,807	\$442,699,103	\$5,290,012	\$986,887,130
2018	\$134,646,907	\$270,110,366	\$170,279,822	\$467,118,848	\$4,228,955	\$1,046,384,899
2019	\$143,967,362	\$297,957,585	\$190,579,230	\$491,200,225	\$4,299,677	\$1,128,004,079
Jan 2020	\$10,051,415	\$19,612,809	\$11,377,288	\$32,127,711	\$103,405	\$73,272,628

*\*Unable to tag claims to a specific coverage level*

### **Claims Costs** *(continued)*

The following represents Incurred Pharmacy Claims by Coverage Level for 2014-2019 and monthly year-to-date for 2020.

<b>INCURRED RX CLAIMS BY COVERAGE LEVEL</b>						
<b>Time Period</b>	<b>Couple</b>	<b>Family</b>	<b>Parent Plus</b>	<b>Single</b>	<b>Unknown*</b>	<b>Total</b>
2014	\$45,477,497	\$67,741,378	\$45,635,023	\$165,451,246	\$313,173	\$324,618,317
2015	\$42,957,491	\$68,806,053	\$45,211,695	\$166,347,272	\$76,235	\$323,398,746
2016	\$48,058,582	\$80,398,062	\$49,757,539	\$184,153,799	\$175,199	\$362,543,182
2017	\$52,795,745	\$92,113,848	\$55,352,719	\$199,341,350	\$81,691	\$399,685,354
2018	\$55,659,936	\$104,424,204	\$60,725,163	\$217,502,821	\$55,976	\$438,368,100
2019	\$63,899,434	\$119,060,735	\$70,475,271	\$235,536,835	\$267,128	\$489,239,404
Jan 2020	\$4,953,643	\$9,451,784	\$5,503,782	\$18,741,980	\$8,307	\$38,659,497

*\*Unable to tag claims to a specific coverage level*

## Medical Claims Utilization

The following is based on Incurred Medical Claims\* from Jan 2020.

Plan	Admits Per 1000 Acute	Admits Per 1000 Acute Rcnt SGovt	% Diff from Rcnt SGovt	Days LOS per Admit Acute	Days LOS per Admit Acute Rcnt SGovt	% Diff from Rcnt SGovt	Days Per 1000 Admits Acute	Days Per 1000 Admits Acute Rcnt SGovt	% Diff from Rcnt SGovt
LivingWell CDHP	50.10	56.09	-10.67%	4.45	4.68	-4.79%	223.11	248.77	-10.32%
LivingWell PPO	51.36	58.55	-12.29%	4.62	4.89	-5.62%	237.24	270.92	-12.43%
LW Limited High Deductible	78.98	64.62	22.24%	7.14	5.54	28.82%	564.17	295.42	90.97%
LivingWell Basic CDHP	22.27	55.08	-59.56%	4.14	4.88	-15.17%	92.16	236.90	-61.10%
Average	49.09	56.86	-13.67%	4.53	4.76	-4.85%	222.51	255.30	-12.84%

Plan	Visits Per 1000 Office	Visits Per 1000 Office Rcnt US	% Diff from Rcnt US	Visits Per 1000 ER	Visits Per 1000 ER Rcnt US	% Diff from Rcnt US
LivingWell CDHP	8,787.77	6,764.49	23.02%	186.74	226.65	-21.37%
LivingWell PPO	10,345.60	7,513.75	27.37%	195.37	229.93	-17.69%
LW Limited High Deductible	5,077.57	7,405.56	-45.85%	265.16	232.52	12.31%
LivingWell Basic CDHP	5,384.45	6,507.36	-20.85%	162.82	228.11	-40.11%
Average	9,039.88	6,986.19	22.72%	188.63	227.80	-20.76%

### Notes:

Rcnt SGovt—Recent State Government

Rcnt US—Recent US

LOS—Length of Stay

OP—Outpatient

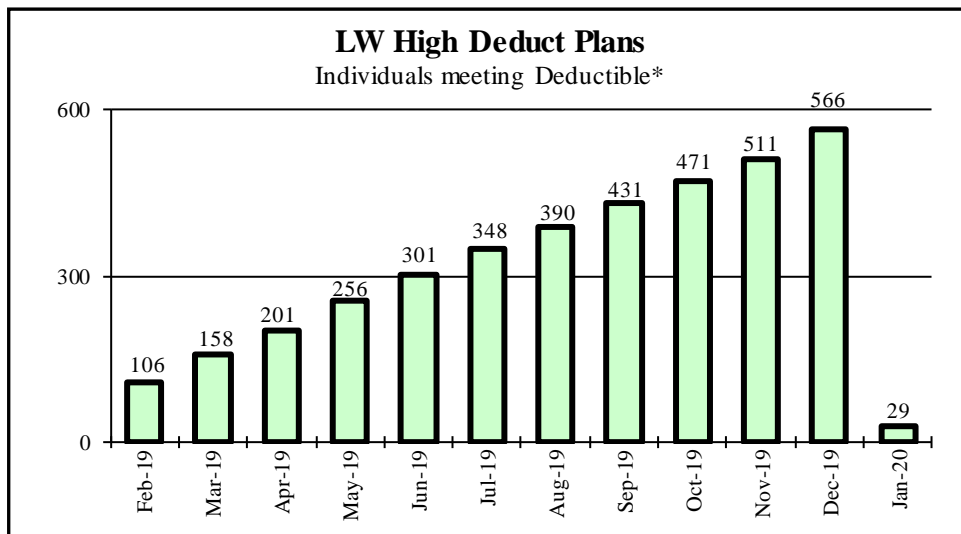
OP Rad—Outpatient Radiology

Plan	Svcs Per 1000 OP Lab	Svcs Per 1000 OP Lab Rcnt US	% Diff from Rcnt US	Svcs Per 1000 OP Rad	Svcs Per 1000 OP Rad Rcnt US	%Diff from Rcnt US
LivingWell CDHP	9,922.55	7,958.35	24.68%	2,313.21	1,912.27	20.97%
LivingWell PPO	12,743.82	9,185.88	38.73%	3,081.20	2,383.91	29.25%
LW Limited High Deductible	8,733.43	9,668.35	-9.67%	1,726.38	2,286.92	-24.51%
LivingWell Basic CDHP	6,418.94	7,915.82	-18.91%	1,449.98	1,834.42	-20.96%
Average	10,579.61	8,349.10	26.72%	2,495.29	2,056.53	21.33%

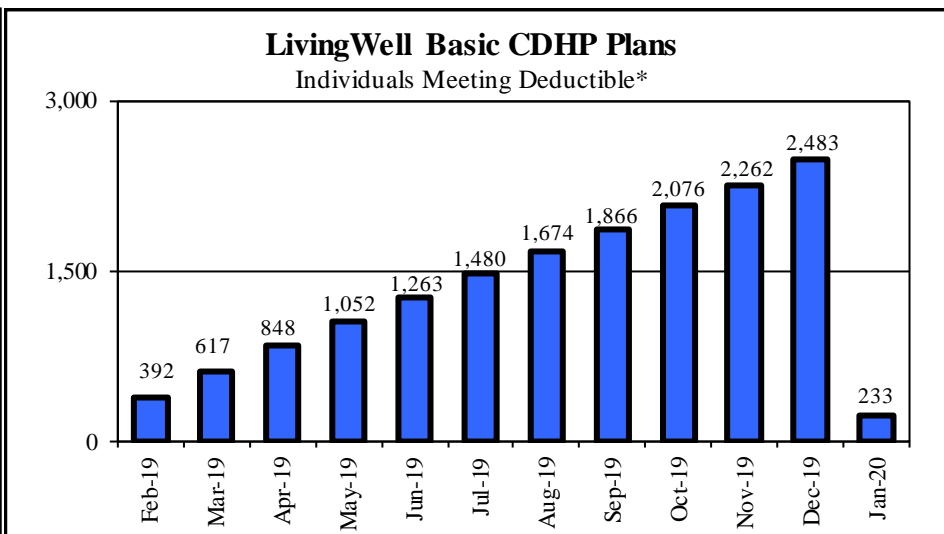
\*Services are tracked by each service, not by each visit. Therefore, if two laboratory services are performed at one visit, it will count as two services.

## Analysis of Individuals and Families Meeting Their Deductibles

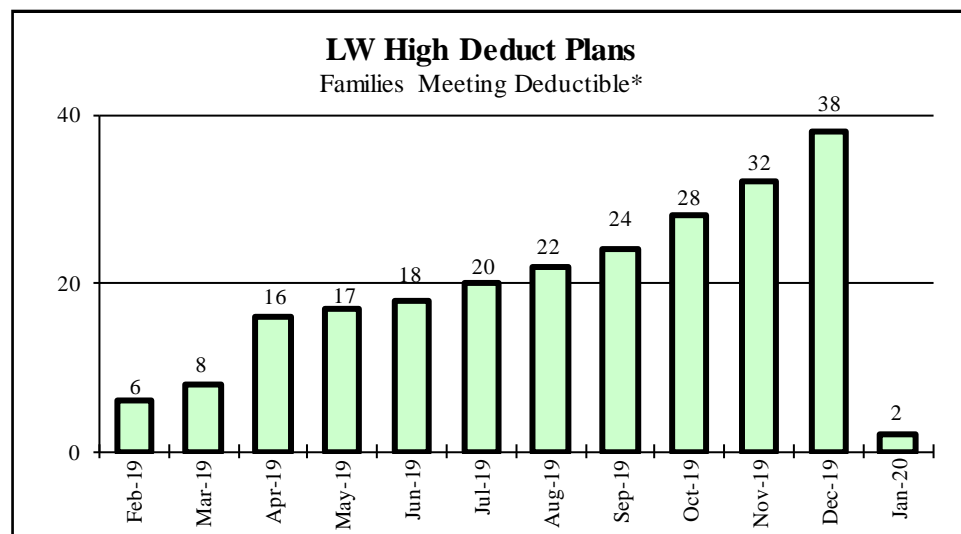
The following details the number of individuals and families by Health Plan that met their deductible for the latest rolling year. This report is based on Incurred Medical and Pharmacy Claims.



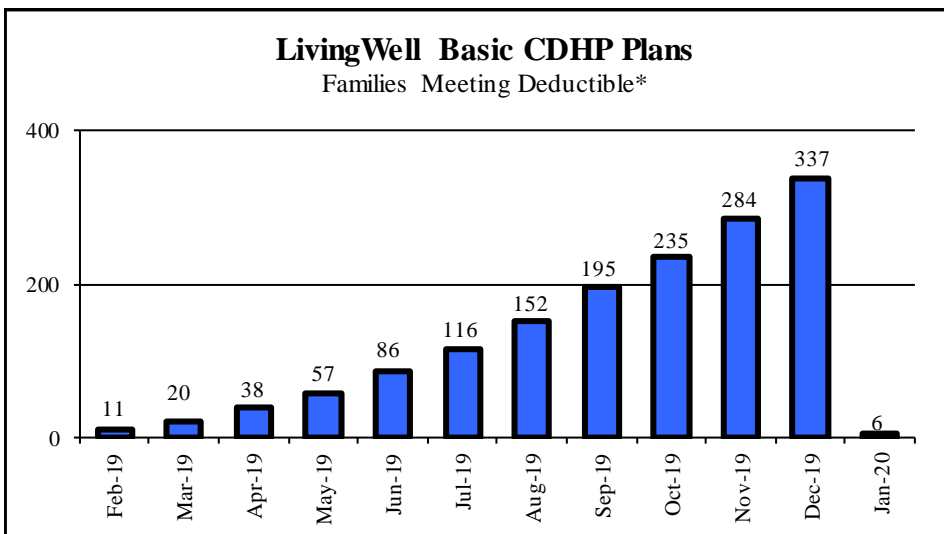
\* 2019 LW High Deduct Individual deductible is \$4,000; in 2020, the deductible is \$4,250



\* 2019 LivingWell Basic Individual deductible is \$1,750; in 2020, the deductible is \$2,000



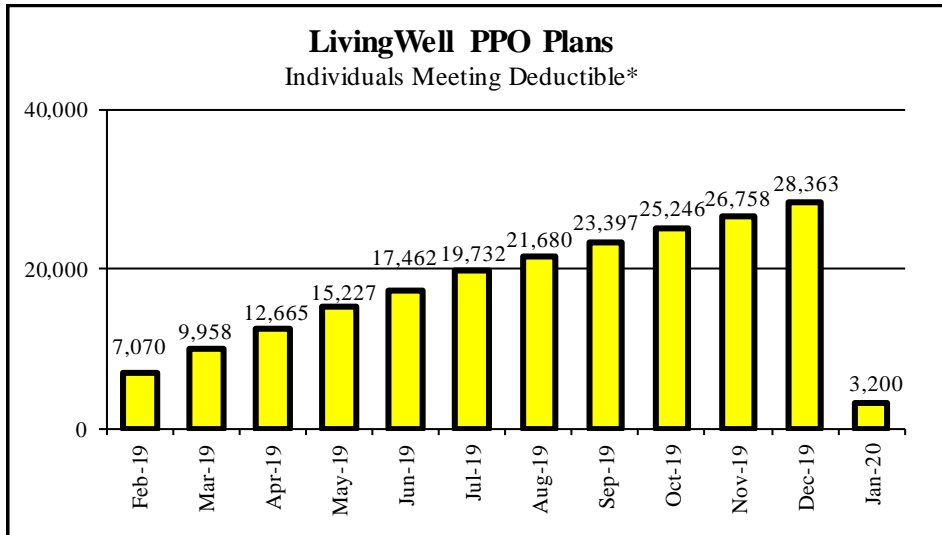
\* 2019 LW High Deduct Family deductible is \$8,000; in 2020, the deductible is \$8,250



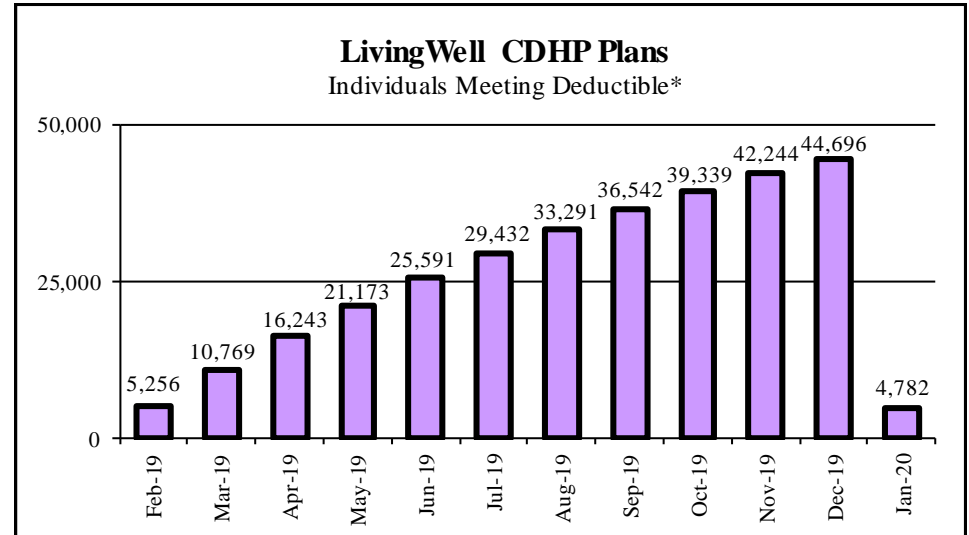
\* 2019 LivingWell Basic Family deductible is \$3,500; in 2020, the deductible is \$3,750

## **Analysis of Individuals and Families Meeting Their Deductibles** *(continued)*

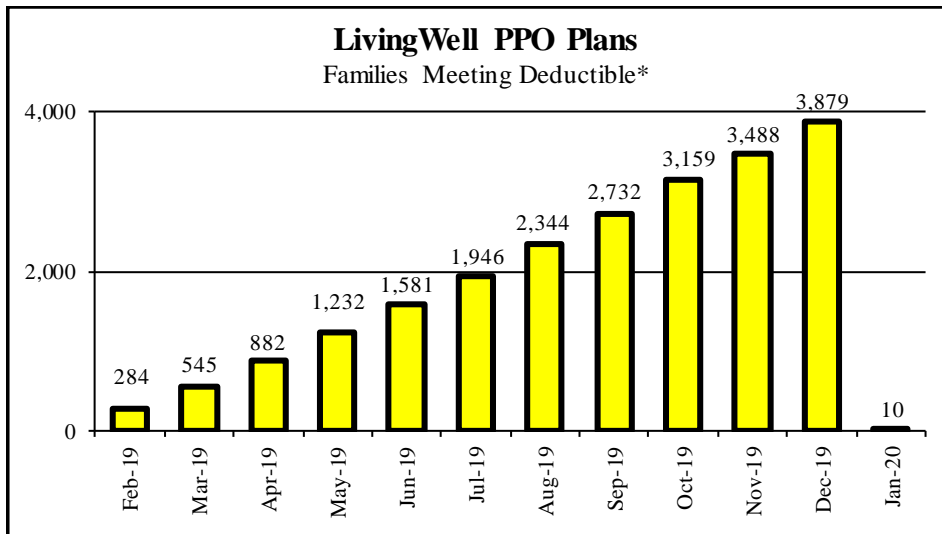
The following details the number of individuals and families by Health Plan that met their deductible for the latest rolling year. This report is based on Incurred Medical and Pharmacy Claims.



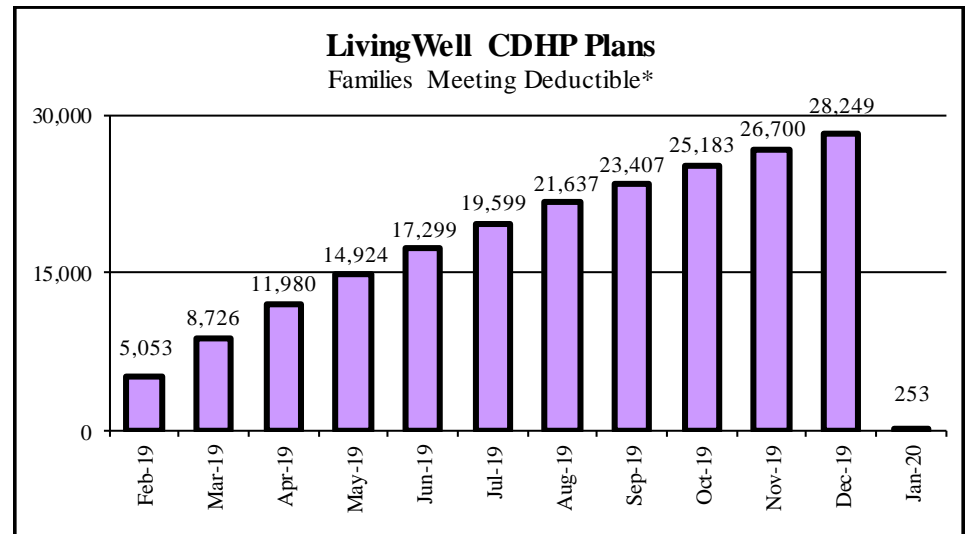
\*2019 LivingWell PPO Individual deductible is \$750; in 2020, the deductible is \$1,000



\* 2019 LivingWell CDHP Individual deductible is \$1,250; in 2020 the deductible is \$1,500



\* 2019 LivingWell PPO Family deductible is \$1,500; in 2020, the deductible is \$1,750

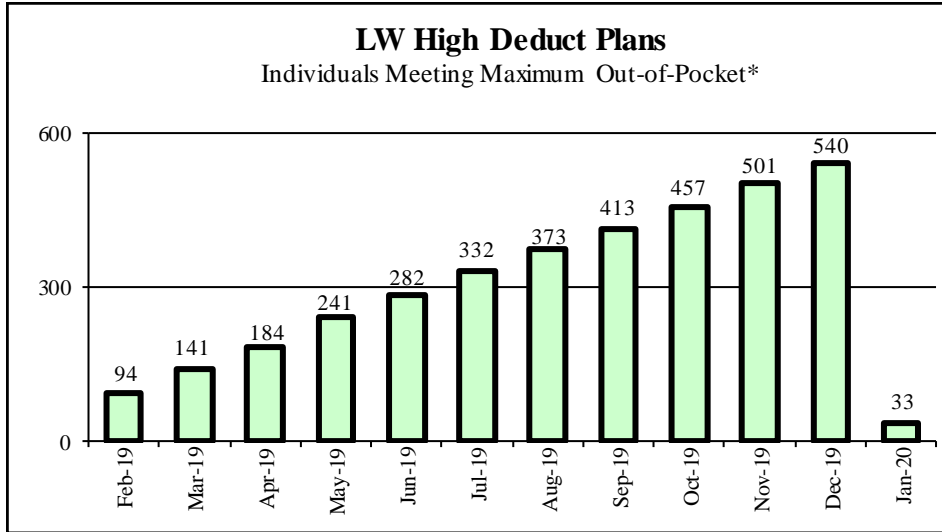


\* 2019 LivingWell CDHP Family deductible is \$2,500; in 2020, the deductible is \$2,750

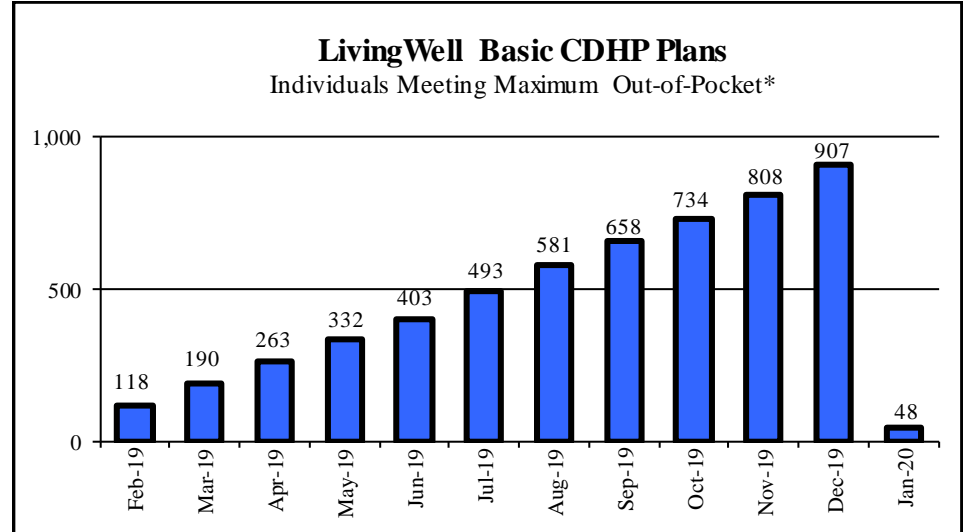


## Analysis of Individuals and Families Meeting Their Maximum Out-of-Pocket Expenses

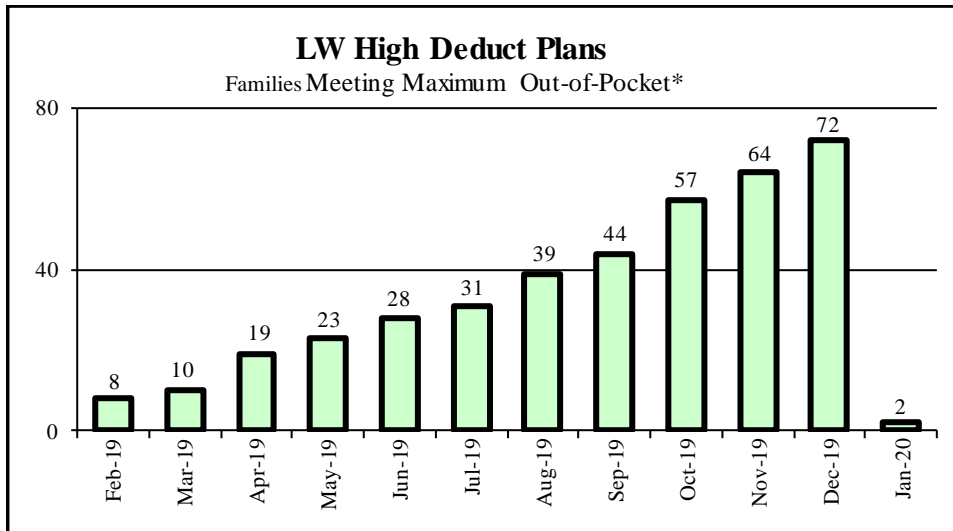
The following details the number of individuals and families by Health Plan that met their maximum out-of-pocket expense for the latest rolling year. This report is based on Incurred Medical and Pharmacy claims.



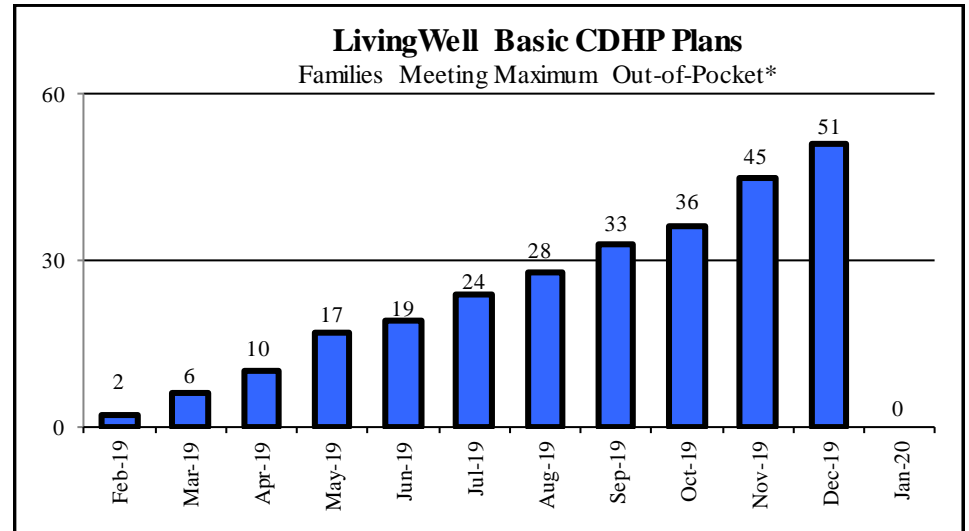
\* 2019 LW High Deduct Individual MOOP is \$5,000; in 2020, the MOOP is \$5250



\* 2019 LivingWell Basic CDHP Individual MOOP is \$3,750; in 2020, the MOOP is \$4,000



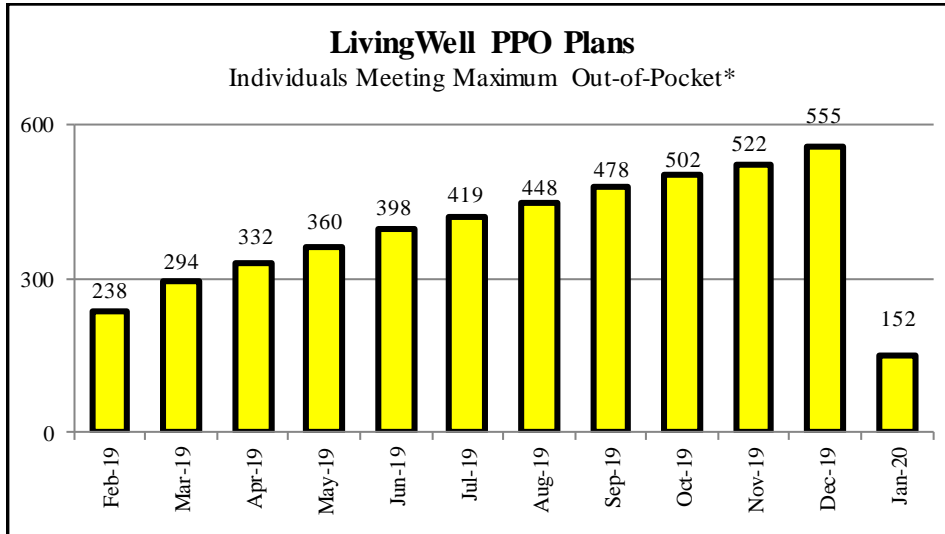
\* 2019 LW High Deduct Family MOOP is \$10,000; in 2020, the MOOP is \$10,250



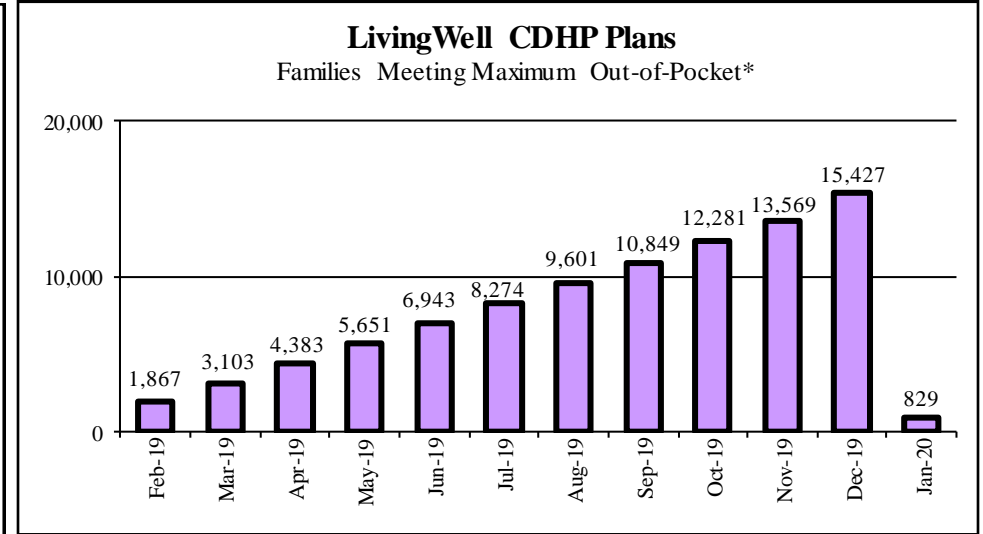
\* 2019 LivingWell Basic CDHP Family MOOP is \$7,500; in 2020, the MOOP is \$7,750

## **Analysis of Individuals and Families Meeting Their Maximum Out of Pocket Expenses** *(continued)*

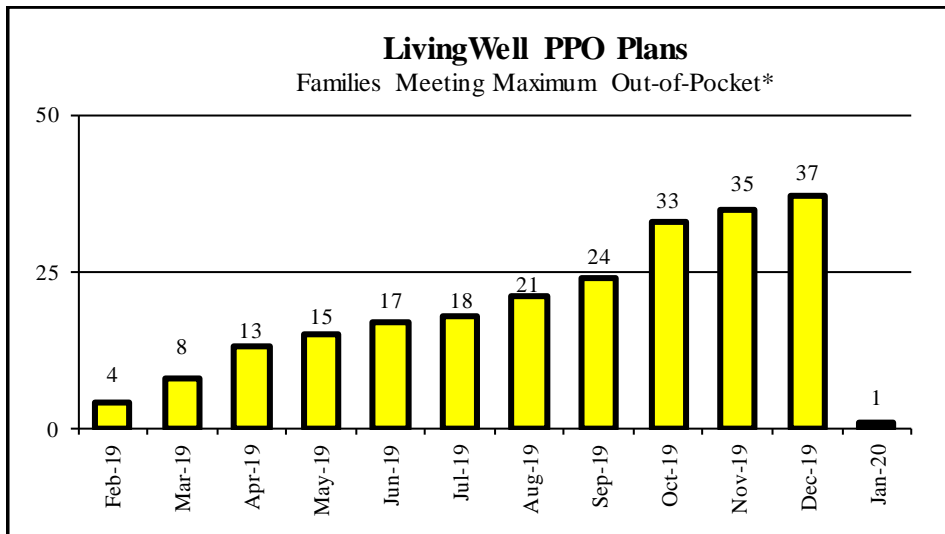
The following details the number of individuals and families by Health Plan that met their maximum out of pocket expense for the latest rolling year. This report is based on Incurred Medical and Pharmacy claims.



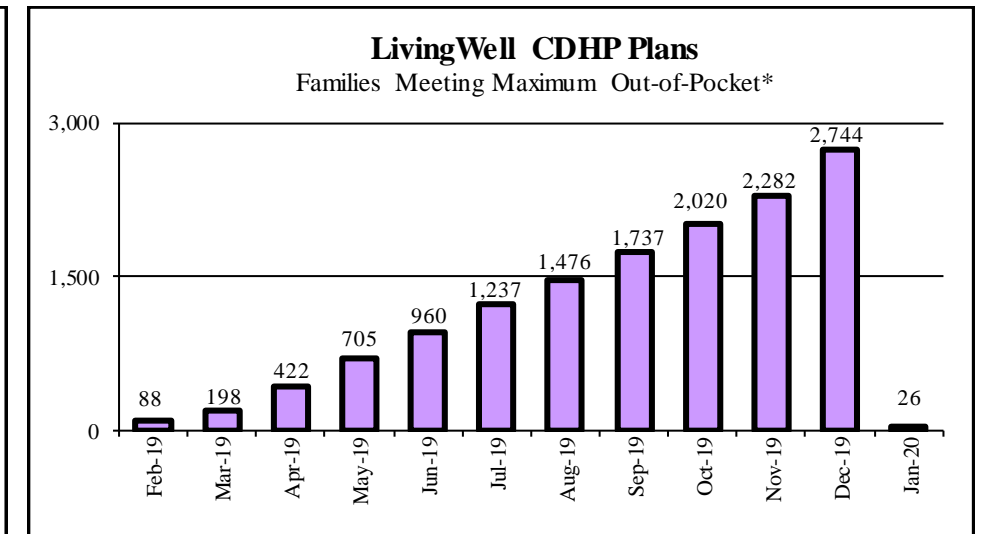
\* 2019 LivingWell PPO Individual Maximum Out of Pocket is \$2,750; in 2020, the MOOP is \$3,000



\* 2019 LivingWell CDHP Individual Maximum Out of Pocket is \$2,750; in 2020, the MOOP is \$3,000



\* 2019 LivingWell PPO Family Maximum Out of Pocket is \$5,500; in 2020, the MOOP is \$5,750



\* 2019 LivingWell CDHP Family Maximum Out of Pocket is \$5,500; in 2020, the MOOP is \$5,750

## **Historical Analysis of Individuals and Families Meeting Their Deductibles and Maximum Out-of-Pocket Expenses**

The following details the number of individuals and families by Health Plan that met their deductibles and/or maximum out-of-pocket (MOOP) expense for the years 2014-2020. This report is based on Incurred Medical and Pharmacy claims.

<b>Individuals and Families in Standard PPO (2014—2018) and LW High Deduct (2019-Present)</b>									
		<b>Individuals</b>				<b>Families</b>			
<b>Plan year</b>	<b>Plan Name</b>	<b>Deductible</b>	<b>Meeting Deductible</b>	<b>MOOP</b>	<b>Meeting MOOP</b>	<b>Deductible</b>	<b>Meeting Deductible</b>	<b>MOOP</b>	<b>Meeting MOOP</b>
2014	Standard PPO	\$750	<b>34.91%</b>	\$3,500	<b>6.82%</b>	\$1,500	<b>10.68%</b>	\$7,000	<b>0.82%</b>
2015	Standard PPO	\$750	<b>33.28%</b>	\$3,500	<b>5.31%</b>	\$1,500	<b>9.53%</b>	\$7,000	<b>0.30%</b>
2016	Standard PPO	\$750	<b>34.21%</b>	\$3,500	<b>5.85%</b>	\$1,500	<b>10.07%</b>	\$7,000	<b>0.39%</b>
2017	Standard PPO	\$750	<b>35.00%</b>	\$3,750	<b>6.95%</b>	\$1,500	<b>7.06%</b>	\$7,500	<b>0.30%</b>
2018	Standard PPO	\$750	<b>36.19%</b>	\$3,750	<b>5.91%</b>	\$1,500	<b>7.62%</b>	\$7,500	<b>0.29%</b>
2019	LW High Deduct	\$4,000	<b>15.20%</b>	\$5,000	<b>14.47%</b>	\$8,000	<b>0.76%</b>	\$10,000	<b>1.48%</b>
2020	LW High Deduct	\$4,250	<b>1.36%</b>	\$5,250	<b>25.39%</b>	\$8,250	<b>1.98%</b>	\$10,250	<b>3.86%</b>

<b>Individuals and Families in Standard CDHP (2014—2018) and LW Basic CDHP (2019-Present)</b>									
		<b>Individuals</b>				<b>Families</b>			
<b>Plan year</b>	<b>Plan Name</b>	<b>Deductible</b>	<b>Meeting De-ductible</b>	<b>MOOP</b>	<b>Meeting MOOP</b>	<b>Deductible</b>	<b>Meeting De-ductible</b>	<b>MOOP</b>	<b>Meeting MOOP</b>
2014	Standard CDHP	\$1,750	<b>20.45%</b>	\$3,500	<b>7.38%</b>	\$3,500	<b>2.41%</b>	\$7,000	<b>0.47%</b>
2015	Standard CDHP	\$1,750	<b>18.67%</b>	\$3,500	<b>6.90%</b>	\$3,500	<b>1.88%</b>	\$7,000	<b>0.34%</b>
2016	Standard CDHP	\$1,750	<b>19.69%</b>	\$3,500	<b>7.96%</b>	\$3,500	<b>2.17%</b>	\$7,000	<b>0.47%</b>
2017	Standard CDHP	\$1,750	<b>16.92%</b>	\$3,750	<b>6.35%</b>	\$3,500	<b>2.38%</b>	\$7,500	<b>0.42%</b>
2018	Standard CDHP	\$1,750	<b>17.68%</b>	\$3,750	<b>6.66%</b>	\$3,500	<b>2.73%</b>	\$7,500	<b>0.77%</b>
2019	LW Basic CDHP	\$1,750	<b>17.32%</b>	\$3,750	<b>6.33%</b>	\$3,500	<b>3.18%</b>	\$7,500	<b>0.47%</b>
2020	LW Basic CDHP	\$2,000	<b>1.49%</b>	\$4,000	<b>0.31%</b>	\$3,750	<b>0.06%</b>	\$7,750	<b>0.00%</b>

## **Historical Analysis of Individuals and Families Meeting Their Deductibles and Maximum Out-of-Pocket Expenses** *(continued)*

The following details the number of individuals and families by Health Plan that met their deductibles and/or maximum out-of-pocket (MOOP) expense for the years 2014-2020. This report is based on Incurred Medical and Pharmacy claims.

<b>Individuals and Families in LivingWell PPO (2014—Present )</b>									
		<b>Individuals</b>				<b>Families</b>			
<b>Plan year</b>	<b>Plan Name</b>	<b>Deductible</b>	<b>Meeting De-ductible</b>	<b>MOOP</b>	<b>Meeting MOOP</b>	<b>Deductible</b>	<b>Meeting De-ductible</b>	<b>MOOP</b>	<b>Meeting MOOP</b>
2014	LivingWell PPO	\$500	11.85%	\$2,500	3.74%	\$1,000	4.70%	\$3,000	0.49%
2015	LivingWell PPO	\$500	34.97%	\$2,500	0.69%	\$1,000	7.88%	\$5,000	0.16%
2016	LivingWell PPO	\$500	35.87%	\$2,500	0.65%	\$1,000	7.87%	\$5,000	0.13%
2017	LivingWell PPO	\$750	32.00%	\$2,750	0.65%	\$1,500	6.38%	\$5,500	0.08%
2018	LivingWell PPO	\$750	32.74%	\$2,750	0.74%	\$1,500	6.38%	\$5,500	0.07%
2019	LivingWell PPO	\$750	33.88%	\$2,750	0.66%	\$1,500	6.62%	\$5,500	0.06%

<b>Individuals and Families in LivingWell CDHP (2014— Present)</b>									
		<b>Individuals</b>				<b>Families</b>			
<b>Plan year</b>	<b>Plan Name</b>	<b>Deductible</b>	<b>Meeting De-ductible</b>	<b>MOOP</b>	<b>Meeting MOOP</b>	<b>Deductible</b>	<b>Meeting De-ductible</b>	<b>MOOP</b>	<b>Meeting MOOP</b>
2014	LivingWell CDHP	\$1,250	29.04%	\$2,500	8.89%	\$2,500	17.39%	\$5,000	2.24%
2015	LivingWell CDHP	\$1,250	29.30%	\$2,500	8.61%	\$2,500	17.55%	\$5,000	1.89%
2016	LivingWell CDHP	\$1,250	28.69%	\$2,500	9.17%	\$2,500	17.90%	\$5,000	2.35%
2017	LivingWell CDHP	\$1,250	28.23%	\$2,750	8.51%	\$2,500	17.56%	\$5,500	2.59%
2018	LivingWell CDHP	\$1,250	28.80%	\$2,750	8.97%	\$2,500	18.48%	\$5,500	3.04%
2019	LivingWell CDHP	\$1,250	0.77%	\$2,750	9.59%	\$2,500	18.67%	\$5,500	3.25%
2020	LivingWell CDHP	\$1,500	2.88%	\$3,000	0.50%	\$2,750	0.32%	\$5,750	0.03%

## **Premium**

The following details the amount of premium\* paid by the employee and employer for 2014-2019 and monthly through 2020.

<b>Time Period</b>	<b>Employee Premium Amount</b>	<b>Employer Premium Amount</b>	<b>Total Premium Amount</b>
2014	\$265,431,508	\$1,348,631,926	\$1,614,063,434
2015	\$256,371,746	\$1,362,686,924	\$1,619,058,670
2016	\$254,661,768	\$1,380,830,820	\$1,635,492,588
2017	\$255,169,294	\$1,374,862,647	\$1,630,031,942
2018	\$262,595,375	\$1,384,164,265	\$1,646,759,641
2019	\$265,841,372	\$1,373,033,885	\$1,638,875,257
Jan 2020	\$23,238,148	\$114,593,946	\$137,832,095
Feb 2020	\$23,159,493	\$114,338,727	\$137,498,221
Mar 2020	\$23,187,743	\$114,388,728	\$137,576,472
Apr 2020	\$23,202,816	\$114,552,788	\$137,755,603

*\*Premium is based on enrollment using published premium rates—it is NOT based on actual payments received.*

## **Prescription Drug Utilization** *(continued)*

The following details the type of prescription filled, the percent that were generic, and the generic efficiency percentage for the most recent rolling year. Based on Paid Pharmacy Claims.

<b>Time Period: Paid Month</b>	<b>Generic</b>	<b>Brand Name, Generic Available</b>	<b>Brand Name</b>	<b>Other*</b>	<b>Total</b>	<b>Scripts Rx % Generic</b>	<b>Scripts Generic Efficiency Rx**</b>
May 2019	314,948	4,818	35,225	11,767	366,758	85.87%	98.49%
Jun 2019	286,786	4,430	32,512	10,836	334,564	85.72%	98.48%
Jul 2019	306,323	4,812	33,930	11,603	356,668	85.88%	98.45%
Aug 2019	299,207	4,659	32,894	11,746	348,506	85.85%	98.47%
Sep 2019	296,485	4,343	41,195	11,086	353,109	83.96%	98.56%
Oct 2019	314,902	4,451	57,867	11,894	389,114	80.93%	98.61%
Nov 2019	308,907	4,253	38,810	11,548	363,518	84.98%	98.64%
Dec 2019	343,345	4,710	36,911	12,908	397,874	86.29%	98.65%
Jan 2020	324,152	5,844	31,285	12,487	373,768	86.73%	98.23%
Feb 2020	302,564	5,590	27,709	11,450	347,313	87.12%	98.19%
Mar 2020	329,122	6,228	32,665	13,654	381,669	86.23%	98.14%
Apr 2020	268,264	5,527	28,797	11,147	313,735	85.51%	97.98%

*\*Other category includes: Over-the-Counter (usually items such as diabetic supplies, syringes, and test strips, etc.) and claims that were unable to be tagged to a specific group.*

*\*\*Generic Efficiency Rate means the number of prescriptions that are filled with a generic product as a percentage of the total number of prescriptions where a generic is available.*

**Prescription Drug Utilization** (continued)

The following details the number of members and patients utilizing prescription benefits and the associated costs for the most recent rolling year. Based on Incurred Pharmacy Claims.

Time Period	Members	Patients	Scripts	Scripts Per Member	Scripts Per Patient	Allow Amt* Per Script	Net Pay Per Script	Member Cost Per Script**	Patient Cost Per Script***
Feb 2019	264,795	158,657	349,367	1.32	2.71	\$120.30	\$101.48	\$24.38	\$40.70
Mar 2019	265,692	159,737	374,336	1.41	2.85	\$123.01	\$106.18	\$23.17	\$38.54
Apr 2019	264,179	155,706	357,797	1.35	2.83	\$129.26	\$114.09	\$20.00	\$33.93
May 2019	264,144	155,590	364,694	1.38	2.86	\$126.21	\$113.05	\$17.54	\$29.77
Jun 2019	263,724	150,915	334,842	1.27	2.76	\$128.25	\$115.85	\$15.23	\$26.61
Jul 2019	262,851	156,195	355,700	1.35	2.88	\$131.34	\$119.24	\$15.83	\$26.64
Aug 2019	261,307	153,883	348,616	1.33	2.82	\$128.36	\$117.24	\$14.19	\$24.10
Sep 2019	260,361	155,469	353,557	1.36	2.81	\$125.76	\$115.56	\$13.33	\$22.32
Oct 2019	264,145	171,510	389,792	1.48	2.88	\$122.90	\$113.42	\$13.51	\$20.80
Nov 2019	264,321	161,068	360,078	1.36	2.78	\$125.38	\$116.09	\$12.12	\$19.89
Dec 2019	264,585	161,429	396,847	1.50	2.96	\$126.43	\$117.24	\$13.31	\$21.81
Jan 2020	265,980	162,622	372,847	1.40	2.83	\$125.29	\$103.69	\$29.76	\$48.67

*\*\*"Allow Amt" is the amount of submitted charges eligible for payment for all claims. It is the amount eligible after applying pricing guidelines, but before deducting third party, co-payment, coinsurance, or deductible amounts.*

*\*\*\*"Member Cost per Script" is the average net amount paid per prescription filled per member (Net Pay Rx/Members)*

*\*\*\*"Patient Cost per Script" is the average net amount paid per prescription filled per Patients (Net Pay Rx/Patients)*

## **Prescription Drug Utilization** *(continued)*

The following Top 25 Drug Analysis is based on Incurred Pharmacy Claims from Jan 2020.

<b>Prev Rank</b>	<b>Curr Rank</b>	<b>Product Name*</b>	<b>Brand/Generic</b>	<b>Therapeutic Class General</b>	<b>Net Pay Rx</b>	<b>Net Pay Rx as % of All Drugs</b>	<b>Scripts Rx</b>	<b>Net Pay Per Day Supply Rx</b>	<b>Patients Rx</b>
1	1	HUMIRA	Single source brand	Immunosuppressants	\$3,134,007.61	\$0.08	426	\$194.66	382
2	2	STELARA	Single source brand	Immunosuppressants	\$1,241,840.38	\$0.03	75	\$259.09	78
4	3	TRULICITY	Single source brand	Hormones & Synthetic Subst	\$885,563.99	\$0.02	1,032	\$24.21	978
3	4	ENBREL	Single source brand	Immunosuppressants	\$791,960.67	\$0.02	107	\$174.90	105
5	5	JANUVIA	Single source brand	Hormones & Synthetic Subst	\$782,015.83	\$0.02	1,206	\$13.82	1,195
6	6	FARXIGA	Single source brand	Hormones & Synthetic Subst	\$779,180.58	\$0.02	1,103	\$14.82	1,079
8	7	SAXENDA	Single source brand	Hormones & Synthetic Subst	\$765,670.77	\$0.02	652	\$35.69	651
7	8	TRESIBA	Single source brand	Hormones & Synthetic Subst	\$696,572.12	\$0.02	792	\$20.83	772
9	9	NOVOLOG	Single source brand	Hormones & Synthetic Subst	\$601,084.43	\$0.02	585	\$24.43	562
-	10	TRIKAFTA	Multisource generic	Respiratory Tract Agents	\$599,120.04	\$0.02	27	\$792.49	24
10	11	VICTOZA	Single source brand	Hormones & Synthetic Subst	\$558,938.09	\$0.01	511	\$26.22	513
18	12	JARDIANCE	Single source brand	Hormones & Synthetic Subst	\$541,456.34	\$0.01	773	\$15.34	763
11	13	NOVOLOG FLEXPEN	Single source brand	Hormones & Synthetic Subst	\$527,560.51	\$0.01	617	\$20.82	605
13	14	TECFIDERA	Single source brand	Misc Therapeutic Agents	\$476,699.42	\$0.01	44	\$248.28	41
14	15	COSENTYX	Single source brand	Immunosuppressants	\$458,308.00	\$0.01	72	\$183.32	69
17	16	ROSUVASTATIN CALCIUM	Multisource generic	Cardiovascular Agents	\$442,155.55	\$0.01	3,359	\$2.37	3,313
15	17	GILENYA	Single source brand	Misc Therapeutic Agents	\$412,941.59	\$0.01	28	\$259.71	29
20	18	ELIQUIS	Single source brand	Blood Form/Coagul Agents	\$395,795.54	\$0.01	781	\$13.48	750
16	19	HUMATROPE	Single source brand	Hormones & Synthetic Subst	\$370,958.91	\$0.01	31	\$189.26	31
-	20	DUPIXENT	Single source brand	Immunosuppressants	\$354,695.47	\$0.01	141	\$81.20	126
19	21	OTEZLA	Single source brand	Misc Therapeutic Agents	\$338,621.57	\$0.01	102	\$89.58	100
-	22	OZEMPIC 0.25 MG OR 0.5 MG DOSES	Single source brand	Hormones & Synthetic Subst	\$328,247.44	\$0.01	350	\$24.30	357
12	23	DUEXIS	Single source brand	Central Nervous System	\$325,410.26	\$0.01	209	\$51.05	208
-	24	OZEMPIC 1 MG DOSES	Single source brand	Hormones & Synthetic Subst	\$314,494.62	\$0.01	312	\$24.96	309
22	25	XARELTO	Single source brand	Blood Form/Coagul Agents	\$307,904.21	\$0.01	592	\$12.80	574

\*"Product Name" includes all strengths/formulations of a drug.



**Prescription Drug Utilization** *(continued)*

In summary, the top 25 drugs represent 5.22% of total scripts and 42.99% of total Pharmacy expenditures.

Summary	Net Pay Rx	Scripts Rx	Days Supply Rx
Top Drugs	\$16,618,337	19,462	859,477
All Product Names	\$38,659,497	372,847	13,627,796
Top Drugs as Pct of All Drugs	42.99%	5.22%	6.31%

## Utilization

The top 25 clinical conditions based on Incurred Medical Claims for Jan 2020.

Prev Rank	Curr Rank	Clinical Condition	Net Pay Med	Net Pay IP Acute	Net Pay OP Med	Admits Per 1000 Acute	Days LOS Admit Acute	Visits Per 1000 Office Med	Visits Per 1000 ER	Patients Med	Net Pay Per Pat Med
1	1	Prevent/Admin Hlth Encounters	\$6,760,781	\$35,780	\$6,719,565	0.00	0.00	1106.70	0.72	26,980	\$250.58
3	2	Chemotherapy Encounters	\$4,125,077	\$571,870	\$3,553,207	0.45	7.50	2.12	0.00	267	\$15,449.73
2	3	Osteoarthritis	\$2,598,328	\$1,091,080	\$1,507,248	1.49	1.58	144.91	0.32	2,980	\$871.92
13	4	Cardiac Arrhythmias	\$1,924,424	\$364,147	\$1,560,277	0.54	2.25	36.63	2.21	1,044	\$1,843.32
5	5	Coronary Artery Disease	\$1,881,181	\$1,054,071	\$821,579	1.31	2.59	29.82	1.76	854	\$2,202.79
6	6	Spinal/Back Disord, Low Back	\$1,825,167	\$991,047	\$833,907	0.59	3.69	604.56	4.06	7,267	\$251.16
7	7	Pregnancy without Delivery	\$1,824,802	\$1,473,316	\$351,427	0.63	2.86	85.27	4.60	1,831	\$996.61
4	8	Signs/Symptoms/Oth Cond, NEC	\$1,821,568	\$312,703	\$1,475,743	0.68	6.53	582.40	9.29	17,651	\$103.20
18	9	Cerebrovascular Disease	\$1,695,912	\$1,149,939	\$513,970	1.22	8.41	10.06	1.76	322	\$5,266.81
9	10	Respiratory Disord, NEC	\$1,603,931	\$666,798	\$918,349	0.23	5.40	92.08	10.11	3,450	\$464.91
10	11	Gastroint Disord, NEC	\$1,591,670	\$434,690	\$1,156,831	1.13	3.56	158.13	17.23	4,557	\$349.28
12	12	Condition Rel to Tx - Med/Surg	\$1,536,859	\$1,059,642	\$477,217	1.22	4.67	5.10	1.71	538	\$2,856.62
11	13	Infections, NEC	\$1,533,220	\$1,413,883	\$118,259	0.00	0.00	81.52	2.30	2,300	\$666.62
-	14	Hepatobiliary Disord, NEC	\$1,361,695	\$1,243,293	\$116,247	0.32	13.29	9.47	0.41	463	\$2,941.03
17	15	Cancer - Breast	\$1,192,685	\$84,600	\$1,101,877	0.09	7.00	23.46	0.05	589	\$2,024.93
15	16	Diabetes	\$1,192,682	\$440,525	\$744,619	1.85	5.29	252.74	2.53	6,143	\$194.15
8	17	Arthropathies/Joint Disord NEC	\$1,108,145	\$52,228	\$1,055,279	0.09	7.50	632.98	5.19	8,745	\$126.72
20	18	Neurological Disorders, NEC	\$1,088,220	\$536,136	\$544,933	0.99	7.95	76.43	1.62	1,500	\$725.48
21	19	Cardiovasc Disord, NEC	\$1,011,646	\$276,505	\$725,596	0.50	2.18	74.31	9.29	2,448	\$413.25
19	20	Renal Function Failure	\$997,554	\$170,774	\$823,284	0.18	4.75	15.07	0.68	601	\$1,659.82
-	21	Multiple Sclerosis	\$927,699	\$23,475	\$904,225	0.14	4.00	5.68	0.09	164	\$5,656.70
14	22	Newborns, w/wo Complication	\$922,511	\$874,416	\$48,095	2.21	5.53	4.06	0.23	195	\$4,730.83
16	23	Spinal/Back Disord, Ex Low	\$912,184	\$379,039	\$533,145	0.23	4.20	560.39	2.39	6,558	\$139.09
-	24	Rheumatic Fever/Valvular Dis	\$893,375	\$734,421	\$158,954	0.63	6.29	7.44	0.00	350	\$2,552.50
-	25	Cholecystitis/Cholelithiasis	\$881,993	\$184,224	\$697,769	0.45	3.10	4.33	1.13	217	\$4,064.49

NOTE: Medical payments represent only the payments made for the specified condition.

**Utilization** *(continued)*

In Summary, the top clinical conditions represent more than 58.98% of total Paid Medical Claims for all clinical conditions.

Summary	Net Pay Med	Net Pay IP Acute	Net Pay OP Med	Admits Per 1000 Acute	Days LOS Admit Acute	Visits Per 1000 Office Med	Visits Per 1000 ER
Top Clinical Conditions	\$43,213,309	\$15,618,603	\$27,461,602	17.14	4.80	4,605.68	79.68
All Clinical Conditions	\$73,272,628	\$25,589,663	\$47,384,349	49.49	3.15	10,369.10	190.50
Top Clinical Conditions as Pct of All Clinical Conditions	58.98%	61.03%	57.96%	34.64%	152.49%	44.42%	41.82%

## **Claims Lag Analysis**

The following claims lag information is based on Incurred Medical Claims from Jan 2020.

<b>Plan</b>	<b>Number of Medical Claims</b>	<b>Avg Days Lag Per Claim</b>	<b>% Claims Paid Within 30 Days</b>	<b>% Claims Paid Within 60 Days</b>	<b>% Claims Paid Within 90 Days</b>
LivingWell CDHP	445,512	18	88.73%	97.69%	99.66%
LivingWell PPO	276,931	18	89.31%	97.95%	99.71%
LW Limited High Deductible	4,891	26	77.93%	94.79%	99.38%
LivingWell Basic CDHP	25,446	18	87.79%	97.38%	99.66%
Missing	363	61	53.25%	81.82%	93.51%
All Plans	753,143	18	88.80%	97.74%	99.67%

*\*Missing means the claims could not be tagged to a specific plan.*

### **Claims Lag Analysis** *(continued)*

The following claims lag information is based on all claims (**Medical and Pharmacy**) incurred and paid during the most recent rolling year.

	Month Paid					
Service Month	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019
Feb 2019	\$4,692,712.41	\$875,283.67	\$269,384.99	\$417,458.26	\$42,958.12	\$159,400.08
Mar 2019	\$10,525,191.42	\$3,027,820.68	\$1,625,234.31	\$900,583.03	\$547,909.93	\$657,862.04
Apr 2019	\$48,777,491.88	\$9,021,326.63	\$4,105,353.74	\$1,200,509.27	\$976,188.48	\$187,576.47
May 2019	\$72,724,269.90	\$42,283,855.41	\$9,498,493.16	\$3,829,988.69	\$1,586,789.09	\$521,089.46
Jun 2019	\$10,118.74	\$71,460,806.48	\$44,032,202.37	\$12,441,486.02	\$2,414,558.58	\$1,654,742.34
Jul 2019	\$0.00	\$21,691.27	\$69,470,929.64	\$58,357,188.30	\$7,849,178.44	\$4,717,186.55
Aug 2019	\$0.00	\$0.00	\$7,861.65	\$75,826,333.03	\$42,103,152.31	\$12,571,728.91
Sep 2019	\$0.00	\$0.00	\$0.00	\$8,683.16	\$69,574,944.96	\$45,815,468.35
Oct 2019	\$0.00	\$0.00	\$0.00	\$0.00	\$7,559.21	\$74,541,351.79
Nov 2019	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$12,548.67
Dec 2019	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Jan 2020	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

	Month Paid					
Service Month	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020
Feb 2019	\$69,100.72	\$8,838.04	\$123,629.77	\$5,016.22	\$34,461.64	\$351.50
Mar 2019	\$176,304.57	\$1,295,244.60	\$119,862.49	\$149,818.75	\$65,023.36	\$21,560.57
Apr 2019	\$447,451.89	\$72,954.59	\$52,867.83	\$142,671.66	\$868,458.47	(\$20,287.36)
May 2019	\$484,867.39	\$77,541.00	(\$4,707.42)	(\$33,558.53)	\$233,527.90	\$156,220.57
Jun 2019	\$1,698,806.83	\$425,326.69	\$106,151.22	\$117,191.21	(\$30,080.95)	\$22,702.33
Jul 2019	\$2,732,725.46	\$993,438.76	\$130,062.80	\$682,864.42	\$174,860.55	\$75,620.93
Aug 2019	\$4,173,541.20	\$2,109,130.28	\$911,186.59	\$828,407.87	\$389,980.21	\$104,025.19
Sep 2019	\$13,122,806.86	\$2,601,449.39	\$774,130.84	\$481,600.21	\$1,469,533.98	(\$1,128.30)
Oct 2019	\$58,029,865.92	\$10,517,132.35	\$2,218,509.02	\$1,949,123.12	\$1,231,210.12	\$783,511.99
Nov 2019	\$74,481,695.06	\$50,617,689.34	\$9,384,081.04	\$4,415,215.05	\$2,123,817.01	\$1,008,264.25
Dec 2019	\$7,339.66	\$81,377,349.47	\$49,549,867.59	\$21,354,770.58	\$4,728,542.88	\$1,451,240.43
Jan 2020	\$0.00	\$14,829.81	\$44,737,663.47	\$38,787,789.93	\$24,041,533.45	\$3,750,596.23

## Claims Distribution Based on Age/Gender

The following is based on Incurred Medical and Pharmacy Claims from Jan 2020.

	Female			Male		
Age Group	Members Avg	Net Pay Med and Rx	Net Pay Per Member	Members Avg	Net Pay Med and Rx	Net Pay Per Member
Ages < 1	1,143	\$899,370.01	\$786.85	1,193	\$1,069,643.74	\$896.60
Ages 1-4	5,124	\$666,162.55	\$130.01	5,524	\$1,308,532.32	\$236.88
Ages 5-9	7,799	\$914,255.58	\$117.23	8,307	\$947,670.30	\$114.08
Ages 10-14	9,459	\$2,434,310.66	\$257.35	9,759	\$1,787,713.44	\$183.19
Ages 15-17	6,134	\$1,351,258.77	\$220.29	6,263	\$1,544,479.88	\$246.60
Ages 18-19	4,120	\$879,836.39	\$213.55	4,318	\$668,860.28	\$154.90
Ages 20-24	10,060	\$2,151,463.43	\$213.86	9,431	\$1,364,410.95	\$144.67
Ages 25-29	8,315	\$2,293,325.16	\$275.81	5,077	\$756,617.42	\$149.03
Ages 30-34	9,108	\$2,883,989.20	\$316.64	5,155	\$1,303,820.51	\$252.92
Ages 35-39	11,191	\$3,945,076.88	\$352.52	6,599	\$1,590,354.54	\$241.00
Ages 40-44	12,388	\$5,643,042.74	\$455.52	7,493	\$2,208,132.04	\$294.69
Ages 45-49	14,333	\$7,048,635.26	\$491.78	9,067	\$3,037,358.98	\$334.99
Ages 50-54	15,009	\$8,973,632.00	\$597.88	9,640	\$6,001,711.14	\$622.58
Ages 55-59	17,304	\$11,467,714.91	\$662.72	10,885	\$7,982,197.38	\$733.32
Ages 60-64	19,153	\$13,779,418.12	\$719.44	11,576	\$9,891,332.44	\$854.47
Ages 65-74	2,551	\$2,177,327.79	\$853.52	2,158	\$2,510,416.30	\$1,163.31
Ages 75-84	168	\$127,309.78	\$757.80	160	\$316,725.74	\$1,979.54
Ages 85+	4	\$629.29	\$157.32	9	\$5,389.05	\$598.78
<b>Total</b>	<b>153,363</b>	<b>\$67,636,758.52</b>	<b>\$441.02</b>	<b>112,614</b>	<b>\$44,295,366.45</b>	<b>\$393.34</b>

### **Allowed Amount Distribution by Member Count**

The following table shows the distribution of members for whom the amounts of charges within the specified ranges were allowed. The data appears for the years of 2014—2019 and year to date for 2020.

<b>Allowed Amount</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
less than 0.00	22	4	2	1	5	13	0
\$0.00 - \$499.99	66,180	72,760	72,608	71,180	69,951	67,350	121,593
\$500.00 - \$999.99	39,137	39,862	40,982	41,563	42,884	41,366	17,496
\$1,000.00 - \$1,999.99	43,065	41,247	40,963	42,085	43,448	43,483	10,726
\$2,000.00 - \$4,999.99	51,911	49,217	48,716	49,648	50,012	50,706	7,356
\$5,000.00 - \$9,999.99	29,515	26,834	27,302	26,817	27,355	27,834	2,688
\$10,000.00 - \$14,999.99	12,825	11,369	11,647	12,107	12,421	12,812	1,064
\$15,000.00 - \$19,999.99	6,755	5,605	6,152	6,389	6,796	7,351	597
\$20,000.00 - \$29,999.99	6,374	5,612	5,909	6,229	6,834	7,104	569
\$30,000.00 - \$49,999.99	5,272	4,475	4,841	5,064	5,394	5,958	315
\$50,000.00 - \$74,999.99	2,520	2,225	2,347	2,673	2,781	3,014	118
\$75,000.00 - \$99,999.99	1,037	944	1,115	1,201	1,330	1,441	41
\$100,000.00 - \$149,999.99	846	777	886	959	1,039	1,162	35
\$150,000.00 - \$199,999.99	344	320	330	369	444	496	15
\$200,000.00 - \$249,999.99	179	148	174	168	206	219	1
over \$249,999.99	326	231	252	292	317	386	8
<b>Total</b>	<b>266,308</b>	<b>261,630</b>	<b>264,226</b>	<b>266,745</b>	<b>271,217</b>	<b>270,695</b>	<b>162,622</b>

## **Summary of Enrollment and Claims**

The following provides a summary of members, Incurred Medical Claims and Incurred Pharmacy Claims for the most recent rolling year.

<b>Time Period</b>	<b>Members</b>	<b>Net Pay Med and Rx</b>	<b>Net Pay Med</b>	<b>Net Pay Rx</b>	<b>Claims Paid</b>	<b>Claims Paid Med</b>	<b>Scripts Rx</b>
Feb 2019	264,795	\$110,095,205.06	\$74,640,896.68	\$35,454,308.38	650,183	292,185	349,367
Mar 2019	265,692	\$126,850,076.63	\$87,104,181.00	\$39,745,895.63	683,659	301,539	374,336
Apr 2019	264,179	\$132,227,277.50	\$91,404,774.89	\$40,822,502.61	667,321	301,336	357,797
May 2019	264,144	\$131,372,715.64	\$90,145,705.28	\$41,227,010.36	669,615	297,019	364,694
Jun 2019	263,724	\$134,362,982.53	\$95,572,291.30	\$38,790,691.23	626,913	284,415	334,842
Jul 2019	262,851	\$145,251,393.21	\$102,838,707.47	\$42,412,685.74	680,650	317,109	355,700
Aug 2019	261,307	\$139,039,056.19	\$98,167,632.76	\$40,871,423.43	655,867	299,415	348,616
Oct 2019	264,145	\$149,400,572.48	\$105,189,324.70	\$44,211,247.78	741,263	343,265	389,792
Sep 2019	260,361	\$133,905,995.96	\$93,049,504.34	\$40,856,491.62	654,279	292,948	353,557
Nov 2019	264,321	\$142,357,997.66	\$100,557,622.66	\$41,800,375.00	675,223	307,221	360,078
Dec 2019	264,585	\$158,602,611.49	\$112,075,733.89	\$46,526,877.60	725,117	320,244	396,847
Jan 2020	265,980	\$111,932,124.97	\$73,272,628.09	\$38,659,496.88	704,474	322,476	372,847

*NOTE: Includes run out data from all Carriers*

The following illustrates the change in incurred claims (includes Medical and Pharmacy) by rolling year.

<b>Time Period</b>	<b>Members</b>	<b>Total Medical and Rx Claims</b>	<b>Total Medical Claims</b>	<b>Total Rx Claims</b>
Feb 2019 - Jan 2020	263,840	\$1,622,514,409	\$1,131,033,993	\$491,480,416
Feb 2018 - Jan 2019	263,149	\$1,497,297,129	\$1,054,295,663	\$443,001,466
% Change (Roll Yrs)	0.26%	8.36%	7.28%	10.94%



## **Appendix A**

The Department of Employee Insurance (DEI) is pleased to provide an analysis of the Kentucky Employees' Health Plan for members of the Kentucky Group Health Insurance Board (KGHIB).

It is the Department's intent to update this information on a monthly basis in an effort to provide current information about Kentucky's Health Insurance Program.

This report is compiled using Advantage Suite, which is DEI's health insurance information management system. IBM Watson Health warehouses enrollment and claims data on behalf of the KEHP. Enrollment data is provided by DEI while claims data is provided by KEHP's Medical and Pharmacy administrators

Claims information may be analyzed by either "incurred" or "paid" dates. "Incurred" reports specify paid amounts for claims that were incurred in a specified timeframe. Due to the lag time in submittal and payment of claims, historical reports that are based on incurred claims may change significantly with each new database update since additional incurred claims will be added. "Paid" claims reports specify the paid amount for claims regardless of when the claims may have been incurred. Unless otherwise specified, data contained in this report are based on "incurred" claims.

Enrollment in the KEHP changes on a daily basis due to a variety of reasons such as: new hires, adding and dropping dependents, marriage, divorce, Medicare eligibility, etc. Therefore, Advantage Suite is dealing with a fluid enrollment base. Also, each carrier processes claims slightly differently. During 2019, Advantage Suite processed enrollment information for a total of 263,771 members as well as 8,140,840 claims (3,671,772 Medical claims and 4,372,489 prescriptions) from different carriers. When dealing with such large numbers it is impossible to tag every claim to a corresponding group, carrier, service type, etc. While the tagging rate for the KEHP data exceeds 99%, you may still see information on reports stated as "~Missing". This indicates any enrollment or claims that could not be "tagged" by Advantage Suite.

## **Appendix B—Definitions**

- ***Allowed Amount*** is the amount of submitted charges eligible for payment for all claims. It is the amount eligible after applying pricing guidelines, but before deducting third party, co-payment, coinsurance, or deductible amounts.
- ***Carrier*** refers to claims listed by carrier. (Please note that CVS data is designated as Anthem).
- ***Days Supply*** is the number of days for which drugs were supplied for prescriptions filled. It represents the number of days of drug therapy covered by a prescription.
- ***Employee*** represents an individual eligible to participate in KEHP as a retiree, or by being employed by one of the agencies that participate with KEHP (example: state employee, school board, quasi agency, etc.). Employee may also be referred to as “planholder” or “contracts”. Please note that Advantage Suite deals with Cross-Reference plans uniquely. Although there are in fact two “employees” Advantage Suite can only designate the planholder as an employee. Therefore, the Cross-Reference spouse is considered a dependent and all claims and utilization data related to that spouse is counted as a “member”.
- ***Generic Efficiency*** means the number of prescriptions that are filled with a generic product as a percentage of the total number of prescriptions where a generic is available.
- ***Group*** is Kentucky Retirement System (KRS), Kentucky Teachers’ Retirement System (TRS), State Employees, School Boards, or Other (includes: COBRA, Health Departments, KCTCS, and Quasi/Local Governments).
- ***Incurred Claims*** refer to paid amounts for claims that were incurred in a specified timeframe.
- ***IP*** refers inpatient procedures and/or claims.
- ***LOS*** refers to length of stay of an acute admission.
- ***Mail Order*** is computed as any script filled with a “days supply” of more than 30 days, regardless of the physical location where the prescription was filled.
- ***Member*** includes all employees plus any dependents that are covered through the KEHP. Members may also be referred to as “covered lives”.
- ***Member Cost per Script*** is the average net amount paid per prescription filled per member (Net Pay Rx/Members).
- ***Net Payment*** is the net amount paid for all claims. It represents the amount after all pricing guidelines have been applied, and all third party, co-payment, coinsurance, and deductible amounts have been subtracted.
- ***OOP*** is the amount paid out-of-pocket by the member for facility, professional, and prescription drug services. This generally includes coinsurance, co-payment, and deductible amounts.
- ***OP*** refers to outpatient procedures and/or claims.
- ***OP Rad*** refers to outpatient radiology claims an/or patients.
- ***Paid Claims*** specify the paid amount for claims regardless of when the claims may have been incurred.
- ***Patient Cost per Script*** is the average net amount paid per prescription filled per patient (Net Pay Rx/Patients).
- ***Patients*** is the unique count of members who received facility, professional, or pharmacy services.

## **Appendix B—Definitions** *(continued)*

- ***Plan*** is Standard PPO, Standard CDHP, LivingWell Basic CDHP, LW High Deductible Plan, LivingWell PPO and LivingWell CDHP.
- ***Rcnt SGovt*** refers to recent State Government benchmarks.
- ***Rcnt US*** refers to recent US national benchmarks.
- ***Retail*** is computed as any script filled with a “days supply” of 30 days or less, regardless of the physical location where the prescription was filled.